



CANADIAN AIDS SOCIETY SOCIÉTÉ CANADIENNE DU SIDA

REGISTRATION FORM

PLWHIV Forum June 6-9, 2017 in Regina, SK

Fax or e-mail your completed form to Canadian AIDS Society | Fax: 613-563-4998 |
 E-mail: bernice.aye@cdnaids.ca Register by 31 May 2017.

This registration form is also available online at <https://www.surveymonkey.com/r/2017ForumRegistration>

THIS FORUM IS FOR PEOPLE LIVING WITH HIV/AIDS ONLY

Delegate Information		
FULL NAME		
NAME TO APPEAR ON NAME TAG IF DIFFERENT FROM ABOVE <input type="checkbox"/> same as above		
MAILING ADDRESS		
CITY	PROVINCE <i>Select your Canadian province of residence</i>	POSTAL CODE
DAYTIME TELEPHONE (include area code) ()	EVENING TELEPHONE (include area code) * If different from Daytime Telephone ()	FAX (include area code) ()
E-MAIL		
<input type="checkbox"/> Please provide me with information about the 2018 PLWHIV Forum <input type="checkbox"/> Please add me to the Canadian AIDS Society mailing list to receive occasional updates on events and activities		

Delegate Kit *Select language* English delegate kit French delegate kit

Special Needs	<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Sharps Disposal	<input type="checkbox"/> Interpretation
	<input type="checkbox"/> Whisper Translation	<input type="checkbox"/> Other (please specify).....		

- ❖ Are you 29 and under? Youth - 29 years old to 18 years Youth - Under 18 years
- ❖ Are you an Executive Director/Board Member of a CAS member organization? Yes No

CERTIFICATION

All PLWHIV Forum registrants must certify that the information presented on this registration is accurate:		
I am HIV positive:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delegate Signature: _____	Date: _____	
I was a delegate of the 2015 PLWHIV Forum:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (fill out the section below)
I was a delegate of the 2016 PLWHIV Forum:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (fill out the section below)

If you attended the submitted a 2017 Forum Scholarship Application Form or attended the 2015 or 2016 PLWHIV Forum, you are not required to complete the section below.

THIS CERTIFICATION SECTION IS TO BE COMPLETED BY HEALTH CARE PROFESSIONAL OR STAFF OF AN ASO/CBO NOT BY APPLICANT.

NAME OF HEALTH CARE PROFESSIONAL / NAME OF MEMBER ORGANIZATION:
CONTACT INFORMATION (PHONE NUMBER OR E-MAIL ADDRESS) AND NAME OF STAFF OF ASO if applicable:
I certify that the information on this registration form is accurate. Signature of Health Care Professional or staff of ASO: _____ Date: ____